



**PEST CONTROL  
SUPPLEMENTAL APPLICATION**

Insured: \_\_\_\_\_ Date: \_\_\_\_\_

**General Information**

|  |          |                   |          |
|--|----------|-------------------|----------|
| Payroll:                                 |          | <u>Receipts:</u>  |          |
| Owner/Partner-\$16,000 ea. (\$20,000 TX) | \$ _____ | Pest Control      | \$ _____ |
| Employee(s)                              | \$ _____ | Turf & Ornamental | \$ _____ |
| Subcontractor Cost                       | \$ _____ | Other _____       | \$ _____ |
| Total Payroll                            | \$ _____ |                   |          |
|  |          | Total             | \$ _____ |

**Prohibited Operations:**

- Aerial Pesticide Application
- Agricultural Plant/Animal Pest Control
- Aquatic Pest Control
- Crop Application
- Demonstrate/Research Pest Control
- Forest Pest Control
- Fumigation – Soil and Agricultural Products
- Wood Destroying Organism Pest Control
- Inspection work
- Fumigation – Non-Agricultural (TENTING)

**Pest Control Questionnaire**

Are you licensed?  Yes  No Type of License? \_\_\_\_\_ Years Licensed? \_\_\_\_\_

- Types of applicator licenses and active license number owner and employees hold: \_\_\_\_\_
- Describe the Owner/Partners prior pest control experience: \_\_\_\_\_
- Have you had any environmental/agriculture violations: \_\_\_\_\_
- Has your firm ever had their pesticide applicator license revoked or suspended?  Yes  No  
If yes, provide detailed reasons and the dates: \_\_\_\_\_
- List chemicals used that require certification or a permit by a regulatory body: \_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_